

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDSMANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date		Division of Physical Health		Application Number	
August 7, 1980		Emergency and Environmental Health Unit		80-314	
Application Number		618 Ponce de Leon Avenue, N. E.		Date Received	
DHR 80-22		Atlanta, Georgia 30308		AUG 12 1980	
				Date Completed	
				AUG 25 1980	
2. Person to Contact		Working Title		Telephone Number	
Miss Joyce Gandy		Secretary/Typist		894-5170	
3. Action Requested					
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input type="checkbox"/> Amend Application NO. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series new program		5. Records Series Title (followed by title used in office; if different)			
Earliest		Emergency Health			
Latest		Medical First Responder Service License Files			
July, 1980		to present			
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?			
The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the monitoring of supplies of drinking water; and the daily State-wide program of registration, statistical coding, certification, and preservation of certificates for births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.					
Documents relating to: authorizing qualified Emergency Medical Technicians to render patient care which has been legally approved for their level of training.					
Included are:					
form (Application for Medical First Responder) which shows type of license applied for (new, renewal, government, nongovernmental), name and address of service, proposed date for beginning operation, vehicles location, name of owner and name of authorized agent, and addresses, descriptions of training and experience, description of applicant identification (color scheme, insignia, monogram, or other), name and					
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>					
One to six months old _____ : Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; form 3003 twenty-five months and older _____ ? New program (License).					
9. Annual Rate of Accumulation of Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) new program					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long arm research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>1</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon termination of Medical First Responder License, place all papers for that organization in the inactive file; cut off inactive file at end of each fiscal year; hold in current files area 1 year; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Joyce Hardy</i>	8-7-80	<i>Elizabeth W. Crank</i>	8/7/80
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee	<i>Wm. J. ...</i>	8-21-80
	Secretary of State/Designee	<i>Canall Hart</i>	8-19-80
	Attorney General/Designee	<i>MT Hill</i>	8-22-80